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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
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Alexandria, VA 22313-1450

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CAROL B. JANSEN

Printed or Typed Name of the Person Signing the Certificate

Carol B. Jansen

Signature

March 29, 2005

Date of Signature

Re:	Invention:	REINFORCED SHUTTER
	Inventors:	MILLER, James V.
	Serial No.:	10/690,136
	Conf. No.:	3634
	Filed:	October 21, 2003
	Art Unit:	3634
	Examiner:	Purol, David M
	Our Docket No.:	P00991-US-00 (25490.0028)

**SUBMISSION OF STATEMENT OF OWNERSHIP AND REVOCATION
OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY**

Dear Sir/Madam:

Please find enclosed a "Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address" form executed by the inventor. As indicated in the Revocation of Power of Attorney, the inventor wishes to appoint the petitioners associated with Customer Number 22446 and have all correspondence regarding this patent application directed to Anthony Nimmo. The assignee requests that the enclosed Statement of Ownership and Revocation of Power of Attorney be accepted.

March 29, 2005

If you have any questions regarding this correspondence, please feel free to contact the undersigned.

Respectfully submitted,

ICE MILLER



Jill T. Powlick, Attorney No. 42,088
One American Square, Box 82001
Indianapolis, Indiana 46282-0200
Telephone: (317) 236-2100

Date: March 29, 2005

Enclosures: Revocation of Power of Attorney with New Power of Attorney
and Change of Correspondence Address
Return postcard



U.S. PATENT AND TRADEMARK OFFICE

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/890,136
Filing Date	October 21, 2003
First Named Inventor	MILLER, James V
Art Unit	3634
Examiner Name	Furol, David M
Attorney Docket Number	P00891-US-00

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 22446

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Anthony Nimmo of ICE MILLER				
Address	One American Square				
Address	Box 82001				
City	Indianapolis	State	Indiana	Zip	46282-0200
Country	USA				
Telephone	317-238-5872	Fax	317-582-4610		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	James V. Miller		
Signature			
Date	3/15/05		
Telephone	(630) 529-7111		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.